

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

L01000003339

FILED

03 JAN 24 AM 9:39

1. DOCUMENT # L01000003339
Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01/21/03--01037--029 **200.00

0009728 01 FP 0.352 **PRSRT H4 0 0615 32922-572375
FAMILY, L.L.C.
1970 MICHIGAN AVENUE, BLDG C
COCOA FL 32922-5723



2. New Mailing Address 3300-101 Cotton Mill Drive Raleigh NC 27612		4. State/Country of Formation FL	
Principal Place of Business 1970 MICHIGAN AVENUE, BLDG C COCOA FL 32922		5. Date Organized or Qualified To Do Business in Florida 03/02/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3711256	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SOILEAU, JOHN L 1970 MICHIGAN AVENUE, BLDG C COCOA FL 32922		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 1/16/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FARACI, JOHN	1970 MICHIGAN AVENUE, BLDG C	COCOA FL 32922

REINSTATEMENT 02-03

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager John Faraci Date 1/14/03 Daytime Phone # 919 785 1869

Typed or printed name of signing Managing Member/Manager JOHN FARACI

CR2E084 (8/02)